



MIAMI-DADE COUNTY PUBLIC SCHOOLS
SCHOOL-BASED CRITICAL INCIDENT RESPONSE TEAM PROFILE
SCHOOL YEAR: 20_____ - 20_____

COMPLETE AND SEND A COPY OF THIS FORM TO:

- (1) ADMINISTRATIVE DIRECTOR, ADVOCACY/SPED; AT YOUR REGIONAL CENTER
- (2) STUDENT SERVICES CRISIS TEAM, **MAIL CODE: 9721**
- (3) MIAMI-DADE SCHOOLS POLICE, **MAIL CODE: 9913**

School: _____ Mail Code: _____ Regional Center: _____

Principal: _____ Asst. Principal: _____

Telephone: _____ Administrative Director: _____

SCHOOL-BASED CRITICAL INCIDENT RESPONSE TEAM

Administrator: _____

Parent: _____

Cafeteria Manager: _____

P.E. Instructor: _____

Office Manager: _____

*School Nurse: _____

Student Services Chairperson: _____

*School Resource Officer: _____

Head Custodian: _____

Security Monitor: _____

SSW/School Psychologist: _____

Teacher: _____

* where applicable

ROLES AND RESPONSIBILITIES:

COORDINATORS:

PRIMARY

ALTERNATE

Critical Incident Response Coord.

Campus Security

Classroom Support

Clerical Services

Counseling Services

Custodial Services

Family Support

First Aid/CPR Services

Hospitality Services

Media Liaison

Memorial Services/Activities
